



ORIENTEERING QUEENSLAND
ASSISTANCE REQUIRED REPORT FORM

NAME OF COMPETITOR: _____

SI NUMBER: _____ SEX: _____ CLASS/COURSE: _____

START TIME: _____

LOCATION IF KNOWN: _____

REPORTED BY: _____

TIME OF SIGHTING (INJURED COMPETITOR): _____

LAST KNOWN LOCATION (LOST COMPETITOR): _____

CLOTHING WORN: _____

NATURE OF INCIDENT/INJURY: _____

ASSISTANCE REQUIRED: _____

CONTACT (FAMILY, CLUB, LOCAL ADDRESS, etc.):

HOME ADDRESS: _____

_____ PHONE: _____

INFORMATION RECORDED BY: _____

DATE & TIME: _____